



Presbyterian MediCare PPO/Senior Care (HMO) Systemic Estrogen Prior Authorization Form

The Centers for Medicare and Medicaid Services (CMS) consider the use of systemic estrogen products to be high-risk in the elderly due to an increase in the risk of developing cardiovascular disease and cancer and/or cancer related death. **Effective January 1, 2015, Presbyterian will require a prior authorization for systemic estrogen containing products for MediCare PPO/Senior Care (HMO) members age 65 years or older.**

FAX completed form to Presbyterian Pharmacy Services Department at: (505) 923-5540 or 1-800-724-6953	If you have any questions about this form, please call (505) 923-5757 or 1-888-923-5757
PATIENT INFORMATION	
Name:	Date of Birth:
Member ID Number:	SSN:
MEDICATION INFORMATION	
Drug:	Dosing:
Strength:	Diagnosis:
Please provide chart notes documenting the following:	
1. Patient diagnosis 2. Other medications tried and failed 3. Date of most recent mammogram	
Please consider the use of the following formulary alternatives in place of a systemic estrogen product:	
Diagnosis	Formulary alternatives
Vaginal Atrophy which may cause vaginal dryness, burning, or painful intercourse	Estrace Vaginal Cream Estring Premarin Vaginal Cream Vagifem
Vasomotor symptoms of menopause*	clonidine immediate release tablet or transdermal patch citalopram fluoxetine gabapentin paroxetine venlafaxine immediate release or extended release capsule
*Off label us is supported by a minimum of a Class IIb strength of recommendation in DRUGDEX®	
PHYSICIAN INFORMATION	
Name:	NPI#
Specialty	Fax:
Phone:	Date:
Physician Signature:	
ALL OF THE ABOVE INFORMATION AND DOCUMENTATION MUST BE RECEIVED IN ORDER TO PROCESS THE REQUEST	

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